



LONE ROCK  
RESOURCES

**LONE ROCK TIMBER MANAGEMENT COMPANY**  
**LONE ROCK LOGGING COMPANY**  
2323 OLD HIGHWAY 99 SOUTH  
P.O. BOX 1127 – ROSEBURG, OR 97470 – PH. (541) 673-0141

**APPLICATION FOR EMPLOYMENT**

Applicants will receive consideration without discrimination because of race, religion, color, sex, age, national origin, marital or veteran status, the presence of non-job-related medical condition or disability or any other legally protected status.

If you need help to fill out this application or for any part of the interview or employment process, please notify Human Resources and every reasonable effort will be made to accommodate your needs.

Please print plainly. Answer all questions completely and accurately.

THIS APPLICATION IS ACTIVE FOR 90 DAYS

DATE \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Present Mailing Address \_\_\_\_\_  
STREET CITY STATE ZIP

How long have you lived at the above address? \_\_\_\_\_

Previous address \_\_\_\_\_  
STREET CITY STATE ZIP

How long did you live there? \_\_\_\_\_ Are you at least 18 years of age? \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Message Telephone \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_  
(Be specific. Applications will not be accepted marked "open" or "any".) Date available to work \_\_\_\_\_

What experience do you in this position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What additional skills do you have that would make you more valuable in this position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you work days? \_\_\_\_\_ Nights? \_\_\_\_\_ Weekends? \_\_\_\_\_ Rotating Shifts? \_\_\_\_\_  
 Overtime? \_\_\_\_\_ Temporary? \_\_\_\_\_ Full-Time? \_\_\_\_\_ Part-Time? \_\_\_\_\_

Can you, after employment, provide documented proof of your legal right to work and remain in the U.S.?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

Were you previously employed by us? \_\_\_\_\_ Yes \_\_\_\_\_ No

If previously employed by us, list date(s), department and title \_\_\_\_\_

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**RECORD OF EDUCATION**

	Name & Address of school	Course of Study	Years Attended From	To	# of Years Completed	Did you Graduate?	List Diploma or Degree
High							
College							
Other							

If in the service, with which branch did you serve? \_\_\_\_\_ Dates of duty: from \_\_\_\_\_ to \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

Rank at discharge \_\_\_\_\_

List duties in the service including special training \_\_\_\_\_

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Regarding the job for which you have applied, are you familiar with this job and do you understand the basic physical requirements needed to perform it? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes.. Are you physically able to perform this job safely and without a significant risk of substantial harm to yourself or to others? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Special Note/Section to Applicants with a Disability:**

You may answer "yes" to this question above if you can perform all essential functions of the job with or without reasonable accommodations. The Company will provide reasonable accommodation to a person with a disability. However, you still are required to identify yourself as a disabled person on this Application Form. If you can perform the essential tasks of the job only with accommodation then please respond to this question:

How would you perform the tasks, and with what accommodations? \_\_\_\_\_

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Final appointment for any specific positions will be contingent upon the physical examination and a determination of whether any physical limitations can be accommodated.

If required to drive on the job, please answer the following questions:

Can provide a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is driver's license presently restricted, suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ NO

List any moving violations during the preceding 3 (three) years \_\_\_\_\_

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List the name(s) of any friends or relatives working for us \_\_\_\_\_

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**PERSONAL REFERENCES**

Name an Occupation	Relationship	Address	Phone Number

List below ALL present and past employment, beginning with your most recent. (Attach separate sheet for additional employment). You must complete this section. A resume cannot be substituted.

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From MO. \_\_\_ YR. \_\_\_ to MO. \_\_\_ YR. \_\_\_ Name of Employer \_\_\_\_\_

Street Address \_\_\_\_\_ City, State \_\_\_\_\_ Phone Number \_\_\_\_\_

Type of Business \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Per \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ Per \_\_\_\_\_

Job Title \_\_\_\_\_

Describe Job Duties

Supervisor's Name & Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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From MO. \_\_\_ YR. \_\_\_ to MO. \_\_\_ YR. \_\_\_ Name of Employer \_\_\_\_\_

Street Address \_\_\_\_\_ City, State \_\_\_\_\_ Phone Number \_\_\_\_\_

Type of Business \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Per \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ Per \_\_\_\_\_

Job Title \_\_\_\_\_

Describe Job Duties

Supervisor's Name & Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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From MO. \_\_\_ YR. \_\_\_ to MO. \_\_\_ YR. \_\_\_ Name of Employer \_\_\_\_\_

Street Address \_\_\_\_\_ City, State \_\_\_\_\_ Phone Number \_\_\_\_\_

Type of Business \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Per \_\_\_ Ending Salary \$ \_\_\_\_\_ Per \_\_\_

Job Title \_\_\_\_\_

Describe Job Duties \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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From MO. \_\_\_ YR. \_\_\_ to MO. \_\_\_ YR. \_\_\_ Name of Employer \_\_\_\_\_

Street Address \_\_\_\_\_ City, State \_\_\_\_\_ Phone Number \_\_\_\_\_

Type of Business \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Per \_\_\_ Ending Salary \$ \_\_\_\_\_ Per \_\_\_

Job Title \_\_\_\_\_

Describe Job Duties \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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May we contact all employers listed on this application \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, indicate exceptions:

Employer \_\_\_\_\_ Reason \_\_\_\_\_

Any other Comments \_\_\_\_\_

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**AGREEMENT & RELEASE**

**PLEASE READ THE ENTIRE FOLLOWING SECTION BEFORE SIGNING**

Then please initial each section indicating you have read that section. Also please sign this form at the bottom of the page.

WITH THIS APPLICATION BY MY SIGNATURE BELOW I AGREE TO ALL OF THE FOLLOWING TERMS:

1. I certify that the information I have provided on this Application Form and on my resume (if any) is true to the best of my knowledge. Regarding this application, I understand that if the Company determines that I have made any false oral or written statements or answers or any misrepresentations or any omission of significant information, the Company is entitled to reject my Application, or if hired, to terminate my employment. Applicants Initials \_\_\_\_\_
2. In the event I undergo a medical examination or evaluation as part of the job placement process of the Company I agree to supply only information which is true to the best of my knowledge. Regarding this examination or evaluation, I understand that if the Company determines that I have made any false oral or written statements or answers or any misrepresentation or any omission of significant information to the Company or the physician or to his or her representative, the Company is entitled to terminate my conditional or actual employment at any time. Applicants Initials \_\_\_\_\_
3. I authorized any person, school, current employer, past employer, physician or organization with knowledge of me or my work to provide the Company or its agent or representative with any information or opinion about me in the response to an inquiry by the Company. I release any such person, employer, physician or organization from any legal liability in making such statements or furnishing any and all information to the Company or its representative or agent. Applicants Initials \_\_\_\_\_
4. I authorize the Company or its agent or representative to check references regarding my employment and investigate any of the statements or answers provided by me on this Application or made to a physician or his or representative (in the event of a medical examination or evaluation). The only exception to this authorization is where I have specifically requested in writing on the Application Form on the date below that no such inquiry be made. Applicants Initials \_\_\_\_\_
5. I understand that my employment at this Company is on an "at will" (that is, mutual consent) basis. Therefore I agree that either I or the Company has the proper right to terminate my employment with or without cause at any time. Applicants Initials \_\_\_\_\_
6. I understand that before any offer of employment can be extended will be required to undergo a drug screening test at the Company's expense for the purpose of detecting illegal drugs. If illegal drugs are found in my system, I will not be extended an offer of employment, or if a conditional offer of employment has been extended, it will be withdrawn. I further understand that the use of illegal drugs is prohibited during my employment with the Company and I am willing to submit to drug testing to detect the use of illegal drugs during the length of my employment. Applicants Initials \_\_\_\_\_

**I have read and understood, and I agree to this entire section above entitled AGREEMENT & RELEASE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_